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15992 U.S. PTO

PTO/SB/05 (08-03)

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. PTZ-059 First Inventor Thomas TIBBITTS Title METHODS OF TREATING PIN1 ASSOCIATED DISORDERS BY COVALENT MODIFICATION OF ACTIVE SITE RESIDUES Express Mail Label No. EV 309 883 607 US																												
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																												
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 40] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]</div> <div>5. Oath or Declaration [Total Sheets]<div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></div><div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div> <div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div>b. Specification Sequence Listing on:<div style="margin-left: 20px;"><div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div>ii. <input type="checkbox"/> Paper</div></div></div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ACCOMPANYING APPLICATION PARTS</div> <div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></div> <div>11. <input type="checkbox"/> English Translation Document (if applicable)</div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></div> <div>17. <input type="checkbox"/> Other: </div>																												
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No.: </div></div><div style="margin-top: 5px;"><div>Prior application information: Examiner </div><div>Art Unit: </div></div><div>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div></div>																														
19. CORRESPONDENCE ADDRESS																														
<div><input checked="" type="checkbox"/> Customer Number: 00959 OR <input type="checkbox"/> Correspondence address below</div> <div style="margin-top: 5px;"><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">Name</td><td colspan="3">LAHIVE & COCKFIELD, LLP Elizabeth A. Hanley</td></tr><tr><td>Address</td><td colspan="3">28 State Street</td></tr><tr><td>City</td><td>Boston</td><td>State</td><td>MA</td></tr><tr><td>Country</td><td>US</td><td>Telephone</td><td>(617) 227-7400</td></tr><tr><td></td><td></td><td>Fax</td><td>(617) 742-4214</td></tr></table></div> <div style="margin-top: 5px;"><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">Name (Print/Type)</td><td>Jonathan M. Sparks, Ph.D.</td><td style="width: 20%;">Registration No. (Attorney/Agent)</td><td>53,624</td></tr><tr><td>Signature</td><td></td><td>Date</td><td>April 16, 2004</td></tr></table></div>			Name	LAHIVE & COCKFIELD, LLP Elizabeth A. Hanley			Address	28 State Street			City	Boston	State	MA	Country	US	Telephone	(617) 227-7400			Fax	(617) 742-4214	Name (Print/Type)	Jonathan M. Sparks, Ph.D.	Registration No. (Attorney/Agent)	53,624	Signature		Date	April 16, 2004
Name	LAHIVE & COCKFIELD, LLP Elizabeth A. Hanley																													
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Name (Print/Type)	Jonathan M. Sparks, Ph.D.	Registration No. (Attorney/Agent)	53,624																											
Signature		Date	April 16, 2004																											

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Dated: April 16, 2004

Signature:

(Jonathan M. Sparks, Ph.D.)

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003, Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 385.00**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Thomas TIBBITTS
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	PTZ-059

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number

12-0080

Deposit
Account
Name

Lahive & Cockfield, LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	385.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) 385.00**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims		Extra Claims		Fee from below		Fee Paid	
	10	-20** =		x		=	0.00
Independent Claims	3	-3** =		x		=	0.00
Multiple Dependent						=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00**SUBMITTED BY**

Name (Print/Type) Jonathan M. Sparks, Ph.D.

Registration No.
(Attorney/Agent)

53,624

(Complete if applicable))

Telephone (617) 227-7400

Signature

Date April 16, 2004

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(Jonathan M. Sparks, Ph.D.)

Application No. (if known):

Attorney Docket No.: PTZ-059

Certificate of Express Mailing Under 37 CFR 1.10

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on April 16, 2004
Date



Signature

Jonathan M. Sparks

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Application Data Sheet
Application (40 pages)
Drawings (2 pages)
Fee Transmittal
Application Transmittal
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